

Integrated Billing eIV Phase 3 Iteration 2



Release Notes and Installation Guide

IB*2*438

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Veterans Affairs
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Revision History

Date	Version	Description	Author
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1 INTRODUCTION

This patch contains Electronic Insurance Verification (eIV) enhancements which allow Veterans Health Information Systems and Technology Architecture (VistA) to fully comply with Health Insurance Portability and Accountability Act (HIPAA) guidelines by allowing generation of service type specific transactions. It will also further enhance the eIV process by modifying existing reports and providing new notification for tracking payer links. Patch also includes real-time insurance verification functionality and changes to eIV inquiries and responses designed to accommodate for transmission of extra information and improved error handling.

2 OVERVIEW

2.1 Overview of eIV Phase 3 Iteration 2 Software Enhancements

- Service Type Code Site Parameter
- Unlinked Payer Email Notification
- Activate Payer Email Notification
- Real-Time Insurance Verification Inquiry
- Additional Patient Insurance Information
- Additional Eligibility Benefit Information
- Enhancement to Response Reports
- Response Report Error Messages
- Enhancement to Error Reporting in VistA
- Eligibility Error Responses from FSC
- Additional VistA Error Reporting
- Appointment Extract / Non-Verified Extract Updates

2.2 Patch IB*2*438 includes the following New Service Requests (NSRs)

20080221 - eIV Phase 3 Iteration 2

2.3 Patch IB*2*438 addresses the following Remedy Tickets

None

2.4 Documentation Retrieval

Sites may retrieve documentation in one of the following ways:

1. The preferred method is to FTP the files from download.vista.med.va.gov, which will transmit the files from the first available FTP server.
2. Sites may also elect to retrieve documentation directly from a specific server as follows:

Albany	ftp.fo-albany.med.va.gov
Hines	ftp.fo-hines.med.va.gov
Salt Lake City	ftp.fo-slc.med.va.gov

3. Documentation can also be retrieved from the VistA Documentation Library (VDL) on the Internet at the following address, <http://www.va.gov/vdl>.

The documentation distribution includes:

FILE NAME	DESCRIPTION
IB_2_P438_UM_R0811.PDF	User Guide
IB_2_P438_TM.PDF	Technical Manual

3 INSTALLATION

3.1 Prerequisites

Associated patches which must be installed before IB*2*438 are IB*2*399, IB*2*416 and IB*2*444.

3.2 Pre/Post Installation Overview

The Post-Install routine (IBY438PO) is automatically deleted after this patch is installed.

The Post-Install routine sends site registration message to Financial Services Center (FSC) and schedules payer link notification option to be run weekly.

3.3 Installation Instructions

It is recommended that this patch be installed outside of normal working hours when no Integrated Billing users are on the system. However, if installed during the normal workday, it is recommended that the following selections in the OPTION (#19) file and all of their descendants be disabled to prevent possible conflicts while running the KIDS Install. Other VISTA users will not be affected.

MCCR Site Parameter Display/Edit	[IBJ MCCR SITE PARAMETERS]
Request Electronic Insurance Inquiry	[IBCNE REQUEST INQUIRY]
Process Insurance Buffer	[IBCN INSURANCE BUFFER PROCESS]
eIV Menu	[IBCNE IIV MENU]

**** Do not install this patch when the [IBCNE IIV BATCH PROCESS] nightly eIV background job is running or scheduled to run. ****

Install Time - less than 5 minutes

1. LOAD TRANSPORT GLOBAL

Choose the PackMan message containing this patch and invoke the INSTALL/CHECK MESSAGE PackMan option.

2. START UP KIDS

Start up the Kernel Installation and Distribution System Menu [XPD MAIN]:

- Edits and Distribution ...
- Utilities ...
- Installation ...

Select Kernel Installation & Distribution System Option: Installation

Load a Distribution

Print Transport Global
 Compare Transport Global to Current System
 Verify Checksums in Transport Global
 Install Package(s)
 Restart Install of Package(s)
 Unload a Distribution
 Backup a Transport Global

Select Installation Option:

3. Select Installation Option:

NOTE: The following are OPTIONAL - (When prompted for the INSTALL NAME, enter IB*2.0*438):

- a. Backup a Transport Global - This option will create a backup message of any routines exported with this patch. It will not backup any other changes such as DD's or templates.
- b. Compare Transport Global to Current System - This option will allow you to view all changes that will be made when this patch is installed. It compares all components of this patch (routines, DD's, templates, etc.).
- c. Verify Checksums in Transport Global - This option will allow you to ensure the integrity of the routines that are in the transport global.

4. Select Installation Option: Install Package(s)

**This is the step to start the installation of this KIDS patch:

- a. Choose the Install Package(s) option to start the patch install.
- b. When prompted 'Want KIDS to Rebuild Menu Trees Upon Completion of Install? NO//' Answer YES, unless your system does this in a nightly TaskMan process.
- c. When prompted 'Want KIDS to INHIBIT LOGONs during the install? NO//' answer NO
- d. When prompted 'Want to DISABLE Scheduled Options, Menu Options, and Protocols? NO//' answer YES if installing during working hours
- e. When prompted 'Enter options you wish to mark as 'Out Of Order':' Enter the following options:

MCCR Site Parameter Display/Edit	[IBJ MCCR SITE PARAMETERS]
Request Electronic Insurance Inquiry	[IBCNE REQUEST INQUIRY]
Process Insurance Buffer	[IBCN INSURANCE BUFFER PROCESS]
eIV Menu	[IBCNE IIV MENU]
- f. When prompted 'Enter protocols you wish to mark as 'Out Of Order':' press <return>.

4 ENHANCEMENTS

4.1 Patch IB*2*438 includes the following modifications

4.1.1 Eligibility Inquiry Message

The following sections list the modifications and enhancements to the Eligibility Inquiry Message

4.1.1.1 Subscriber Name Length

The system provides the ability to send the Subscriber Name in an Eligibility Inquiry with a maximum length of 130 characters.

4.1.1.2 Group Number Length

The system will send the Group Number in an Eligibility Inquiry with a maximum length of 50 characters.

4.1.1.3 Payer Name Length

The system provides the ability to send the Payer Name in an Eligibility Inquiry with a maximum length of 60 characters.

4.1.1.4 Date Time Qualifier – Inactivate existing qualifier codes

The system no longer provides the ability to send the following qualifier and dates in an Eligibility Inquiry:

Code	Definition
307	Admission Date
435	Service Date
472	Eligibility Date

4.1.1.5 Date Time Qualifier – Add New Qualifier Codes

The system provides the ability to send the following qualifier code and date in an Eligibility Inquiry if available:

Code	Definition
291	Plan Date

4.1.1.6 Service Type Codes – Add New Service Type Codes

The system provides the ability to send the new service codes listed in Appendix 5.1 in an Eligibility Inquiry if applicable.

4.1.1.7 Multiple Service Type Codes

The system provides the ability to send multiple service type codes in an Eligibility Inquiry.

4.1.1.8 Default Service Type Codes in Eligibility Inquiry

The system will send the following service type codes in every Eligibility Inquiry unless the service type code is manually selected using “Request Electronic Inquiry” menu option

- | | | |
|-----|------|---|
| 1. | 30 - | Health benefit eligibility inquiry |
| 2. | 1 - | Medical Care |
| 3. | 47 - | Hospital |
| 4. | 88 - | Pharmacy |
| 5. | 98 - | Professional (Physician) Visit - Office |
| 6. | MH - | Mental Health |
| 7. | 7 - | Anesthesia |
| 8. | 54 - | Long term care |
| 9. | 62 - | MR/CAT scan |
| 10. | 75 - | Prosthetics |
| 11. | 97 - | Anesthesiologist |

4.1.2 MCCR Site Parameter Display/Edit – eIV

4.1.2.1 eIV Site Parameter- Service Type

The system will have a new site parameter “Service Type” to provide the ability for users to manage up to 9 additional service types to be included in addition to the 11 hardcoded default service types in an Eligibility Inquiry.

4.1.2.2 Service Type Code Lookup

The system will list all the service type codes (except the 11 default service codes) and associated description in Appendix 5.1 when requested for more information.

4.1.3 Service Type Inquiry- EI Request Electronic Insurance Inquiry

4.1.3.1 Prompt for Service Specific Inquiry

The system will prompt the user to choose or enter a service type code to generate a service type specific Eligibility Inquiry.

4.1.3.2 One Service Type Code per Inquiry

The system will allow user to select only one service type code per electronic insurance inquiry.

4.1.3.3 Service Type Code Look-up

The system provides users with a list of all the 187 service type codes and description to look up when indicated.

4.1.3.4 No Service Type Code

The system utilizes the 11 “default” service type codes and (up to 9) additional service type codes defined by the site parameter “Service Type” when null or blank response is received from the user.

4.1.4 Inquiry Problem Information

4.1.4.1 Error Condition Codes

The system provides the ability to store and display all the reject reason codes when available from FSC in an Inquiry Problem Message. The reject reason codes are available only when the request transaction was unable to process successfully.

Code	Description
97	Invalid or Missing Provider Address
35	Out of Network
33	Input Errors
98	Experimental Service or Procedure
A0	Additional Patient Condition Information Required
AA	Authorization Number Not Found
AE	Requires Primary Care Physician Authorization
AF	Invalid/Missing Diagnosis Code(s)
AG	Invalid/Missing Procedure Code(s)
CI	Certification Information Does Not Match Patient
E8	Requires Medical Review
IA	Invalid Authorization Number Format
MA	Missing Authorization Number

4.1.5 Eligibility Response Information

4.1.5.1 Subscriber \Dependent Date Time Period Qualifiers

The system provides the ability to store and display the Subscriber and/or dependent associated date and time information when available from FSC in Eligibility Response Message. This information will be processed and displayed in the eIV Response Report.

Code	Description
96	Discharge
102	Issue
152	Effective Date of Change
291	Plan
340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin
341	COBRA End
342	Premium Paid to Date Begin
343	Premium Paid to Date End
346	Plan Begin
347	Plan End
382	Enrollment
442	Date of Death
458	Certification
539	Policy Effective
540	Policy Expiration

4.1.5.2 Quantity Qualifiers

The system provides the ability to store and display the following Quantity Qualifier codes when available from FSC in Eligibility Response Message. This information will be processed and displayed in the patient insurance when manually accepted or automatically updated.

Code Description

D3	Number of Co-insurance Days
8H	Minimum

4.1.5.3 Communication Number Qualifier Code

The system provides the ability to store and display the Web address information when available from FSC in Eligibility Response Message. This information will be processed and displayed in the patient insurance when accepted or automatically updated.

Code	Description
------	-------------

UR	Uniform Resource Locator (URL)
----	--------------------------------

4.1.5.4 Code List Qualifier Code

The system will skip processing the following Code List Qualifiers when available from FSC in Eligibility Response Message. This information will not be processed and displayed in the patient insurance when accepted or automatically updated.

Code	Description
------	-------------

GR	National Council on Compensation Insurance (NCCI) Nature of Injury Code
NI	Nature of Injury Code

4.1.5.5 Inactivate Code List Qualifiers

The system will inactivate the following code qualifiers:

Code	Description
------	-------------

BF	Diagnosis
BK	Principal Diagnosis

4.1.5.6 Subscriber's Country Subdivision Codes

The system provides the ability to store and display the Country Sub Codes when available from FSC in Eligibility Response Message. This information will be processed and displayed in the patient insurance when accepted or automatically updated.

4.1.5.7 Eligibility Benefit Date Time Period Qualifiers

The system provides the ability to store and display Subscriber and/or Dependent associated Eligibility Benefit date and time information when available from FSC in Eligibility Response Message. This information will be processed and displayed in the patient insurance when accepted or automatically updated.

Code	Description
------	-------------

96	Discharge
291	Plan

4.1.5.8 Eligibility Response with Multiple Service Type Codes

The system will be able to store multiple service codes within each set of Eligibility Benefit Information received from FSC. The service codes will be stored and displayed within the Eligibility Benefit Section of Patient Insurance.

4.1.5.9 Patient Relationship to Insured Translation

The System will translate the values for the 'Patient Relationship to Insured' that is received from FSC in Eligibility Response Message in the following manner when updating the Patient's insurance in VistA (automatic and manual updates):

- Self (18) (Response)= Self (18) (VistA)
- Spouse (01) (Response) = Spouse (01) (VistA)
- Child (19) (Response) = Child (19) (VistA)
- Unknown (21) (Response) = No change to Vista
- Employee (20) (Response) = Employee (20) (VistA)
- Organ Donor (39) (Response) = Organ Donor (39) (VistA)
- Life Partner (53) (Response) = Life Partner (53) (VistA)
- Other Relationship (G8) (Response) = Other Relationship (G8) (VistA)
- Cadaver Donor (40) = Other Relationship (G8) (VistA)
- Other Adult Value (in Response) and existing value is Self/Spouse/Child = Other Relationship (G8) (VistA)
- Other Adult Value (in Response) and existing value is not Self/Spouse/Child = No change to VistA

4.1.6 MailMan Notification

4.1.6.1 (Modified 1/12/2011) MailMan Notification to Link Payers

The system will trigger a mailman message on a weekly basis to IBCNE EIV Message

Mail group if the following information is available to notify:-

- Total Number of Nationally Active Unlinked Payers with Potential Matches to active insurance companies.
- Instructional Help Text:
Immediate Attention Required: Please link the associated active insurance companies to these payers at your earliest convenience. Please visit the e-Business Projects Webpage on VistA University Website to download the Link Payer Instructions.

4.1.6.2 (Added 1/12/2011) MailMan Notification to Activate Payers

The system will trigger a mailman message on a weekly basis to IBCNE EIV Message

Mail group if the following information is available to notify:-

- A List of Payers who meet the following criteria:-
 - a. Locally inactive AND
 - b. Nationally Active AND
 - c. Have linked insurance companies.
- Instructional Help Text:
Immediate Attention Required: Please locally activate the payers after you link insurance companies to them. Please visit the e-Business Projects Webpage on VistA University Website to download the Payer Activation Instructions.

4.1.7 Real-time insurance verification functionality is now available

Real-time insurance verification functionality is now available. Verification inquiries will be generated and transmitted right after the creation of insurance buffer entry.

4.1.7.1 Trigger events for Real Time Verification

- The system will trigger real-time eligibility inquiry when there is a NEW entry in the insurance buffer.
- The system will trigger a real time eligibility, coverage and benefit inquiry when MODIFICATIONS are made to the following fields of the buffer entry:
 - Insurance Company; or
 - Group/Plan Name; or
 - Group Number; or
 - Subscriber ID.

4.1.7.2 Minimum criteria for Real Time Eligibility Inquiry

The system will send an eligibility inquiry message to Financial Service Center (FSC) for a patient when the following conditions are met:-

- The following information is available:
 - Patient Name
 - Subscriber ID
 - Patient's Date of Birth
 - Insured's Date of Birth
 - Insurance Company
- There is no other inquiry in the queue waiting to be transmitted for the same patient and policy for which the system is awaiting a response.
- The patient insurance information is not locked by another user.

4.1.7.3 No Site Registration Message to FSC for every Real time Inquiry

The system will not send registration request message to FSC each time a real time insurance verification is triggered.

4.1.7.4 Site Registration Message on Patch Installation

The system will send a Registration Message to FSC when the IB*2*438 patch is installed at a Facility.

4.1.7.5 Response to manually triggered real-time verification

The system will not auto-update or bypasses the Insurance Buffer when the Eligibility Response received is for a service type inquiry manually triggered from "Request Electronic Inquiry" option.

Note: The following requirements were added due to enhancement requests submitted during field testing:

4.1.7.6 Prevent HMS buffer entries from Real Time Verification

The system will not trigger real time insurance verification inquiries for buffer entries created by HMS data upload.

4.1.8 Buffer Extract

4.1.8.1 Buffer Extract Inquiries in transmission queue will override freshness days

The eIV system will no longer check for freshness days ('Days between electronic re-verification checks' defined in the MCCR site parameter) for eligibility benefit inquiries, which are available in the buffer and are awaiting transmission in the transmission queue.

4.1.9 Non-Verified Extract

4.1.9.1 Set 'Non-Verified' Batch Extract Parameter to non-editable

The System will automatically set the "Non-Verified" Batch Extracts parameter when the software patch is installed to non-editable.

- Batch Extracts → Non-verified - Active/Non-Active Setting = Non-Active (non-editable).

Batch Extracts

Extract Name	On/Off	Selection Criteria	Maximum # to Extract/Day	
Buffer	ON	n/a	99999	
Appt	ON	10	99999	
Non-verified	OFF	180/180	99999	<- Set "non-verified" non-editable and it will not be displayed on the screen.

4.1.9.2 Disable Batch Extract parameters from IV Site Parameters

The eIV system will automatically disable the Batch Extract Site Parameter within the IV Site Parameters when the software is installed.

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5 APPENDIX

5.1 Service Codes

* -- Indicates a new 5010 service code

Service Codes - Description		
2 Surgical	66 Pathology	AR Experimental Drug Therapy
3 Consultation	67 Smoking Cessation	BA Independent Medical Eval
4 Diagnostic X-Ray	68 Well Baby Care	BB Partial Hosp (Psych)
5 Diagnostic Lab	69 Maternity	BC Day Care (Psych)
6 Radiation Therapy	70 Transplants	BD Cognitive Therapy
	71 Audiology Exam	BE Massage Therapy
8 Surgical Assistance	72 Inhalation Therapy	BF Pulmonary Rehab
9 Other Medical	73 Diagnostic Medical	BG Cardiac Rehab
10 Blood Charges	74 Private Duty Nursing	BH Pediatric
11 Used Durable Medical Equipment	76 Dialysis	BI Nursery
12 Durable Medical Equipment Purchase	77 Otological Exam	BJ Skin
13 Ambulatory Service Center Facility	78 Chemotherapy	BK Orthopedic
14 Renal Supplies in the Home	79 Allergy Testing	BL Cardiac
15 Alternate Method Dialysis	80 Immunizations	BM Lymphatic
16 Chronic Renal Disease (CRD) Equipment	81 Routine Physical	BN Gastrointestinal
17 Pre-Admission Testing	82 Family Planning	BP Endocrine
18 Durable Medical Equipment Rental	83 Infertility	BQ Neurology
19 Pneumonia Vaccine	84 Abortion	BR Eye
20 Second Surgical Opinion	85 AIDS	BS Invasive Procedures
21 Third Surgical Opinion	86 Emergency Services	B1 Burn Care*
22 Social Work	87 Cancer	B2 Brand Name Prescription Drug – Formulary*

Service Codes - Description		
23 Diagnostic Dental	89 Free Standing Prescription Drug	B3 Brand Name Prescription Drug - Non-Formulary*
24 Periodontics	90 Mail Order Prescription Drug	BT Gynecological*
25 Restorative	91 Brand Name Prescription Drug	BU Obstetrical*
26 Endodontics	92 Generic Prescription Drug	BV Obstetrical/Gynecological*
27 Maxillofacial Prosthetics	93 Podiatry	BW Mail Order Prescription Drug: Brand Name*
28 Adjunctive Dental Services	94 Podiatry - Office Visits	BX Mail Order Prescription Drug: Generic*
32 Plan Waiting Period	95 Podiatry - Nursing Home Visits	BY Physician Visit - Office: Sick*
33 Chiropractic	96 Professional (Physician)	BZ Physician Visit - Office: Well*
34 Chiropractic Office Vst	99 Professional (Physician) Visit - Inpatient	C1 Coronary Care*
35 Dental Care		CA Private Duty Nursing - Inpatient*
36 Dental Crowns	A0 Professional (Physician) Visit - Outpatient	CB Private Duty Nursing - Home*
37 Dental Accident	A1 Professional (Physician) Visit - Nursing Home	CC Surgical Benefits - Professional (Physician)*
38 Orthodontics	A2 Professional (Physician) Visit - Skilled Nursing	CD Surgical Benefits - Facility*
39 Prosthodontics	A3 Professional (Physician) Visit - Home	CE Mental Health Provider - Inpatient*
40 Oral Surgery	A4 Psychiatric	CF Mental Health Provider - Outpatient*
41 Rout/Preventive Dental	A5 Psychiatric - Room and Board	CG Mental Health Facility - Inpatient*
42 Home Health Care	A6 Psychotherapy	CH Mental Health Facility - Outpatient*
43 Home Health RX	A7 Psychiatric - Inpatient	CI Substance Abuse Facility - Inpatientc*
44 Home Health Vst	A8 Psychiatric - Outpatient	CJ Substance Abuse Facility - Outpatient*
45 Hospice	A9 Rehabilitation	CK Screening X-ray*
46 Respite Care	AA Rehabilitation - Room and Board	CL Screening laboratory*
	AB Rehab/Inpt	CM Mammogram, High Risk Patient*

Service Codes - Description				
48	Hosp/Inpatient	AC	Rehab/Outpt	CN Mammogram, Low Risk Patient*
49	Hosp/R & B	AD	Occupational Therapy	CO Flu Vaccination*
50	Hosp/Outpatient	AE	Physical Medicine	CP Eyewear and Eyewear Accessories*
51	Hosp/Emergency Accident	AF	Speech Therapy	CQ Case Management*
52	Hosp/Emergency Medical	AG	SNC	DG Dermatology*
53	Hosp/Ambulatory Surg	AH	SNC/R & B	DM Durable Medical Equipment*
55	Major Medical	AI	Substance Abuse	DS Diabetic Supplies*
56	Med Related Transport	AJ	Alcoholism	GF Generic Prescription Drug - Formulary*
				GN Generic Prescription Drug - Non-Formulary*
57	Air Transportation	AK	Drug Addiction	GY Allergy*
58	Cabulance	AL	Vision (Optometry)	IC Intensive Care*
59	Licensed Ambulance	AM	Frames	NI Neonatal Intensive Care*
60	General Benefits	AN	Routine Exam	ON Oncology*
61	In-vitro Fertilization	AO	Lenses	PT Physical Therapy*
63	Donor Procedures	AQ	N/Medically Nec Physical	PU Pulmonary*
64	Acupuncture	UC	Urgent Care*	RN Renal*
65	Newborn Care			RT Residential Psychiatric Treatment*
				TC Transitional Care*
				TN Transitional Nursery Care*